

Sponsoring Organization: _____ *Application Number:* _____

APPLICATION FOR PRE-APPROVAL OF SOCIAL WORK CONTINUING EDUCATION PROGRAM CREDIT

Program Information

Title of Program: _____
Brief Description: _____

Date(s): _____
Location(s)/ City of Program: _____

Sponsoring Organization/ Individual: _____		
Address: _____		

Phone: _____	Fax: _____	E-mail: _____
Please list any supporting agencies: _____		

Contact Person/ Title: _____		
Phone (if different from above) : _____ E-mail: _____		

What fees are being charged for the program?
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PLEASE ATTACH BROCHURE & VITA/ BIO OF PRESENTER(S).

PLEASE NOTE: PLEASE ENSURE THIS FORM IS COMPLETED CLEARLY AND ADEQUATELY DESCRIBES YOUR PRESENTATION. PLEASE LIST THE LEARNING OBJECTIVES OF THE PROGRAM (INCLUDE RELEVANCE TO SOCIAL WORK):

PRESENTATION TITLE – This should clearly indicate content of the presentation			Target Audience – Check all that apply <input type="checkbox"/> LSW <input type="checkbox"/> LMSW <input type="checkbox"/> LCSW <input type="checkbox"/> General <input type="checkbox"/> Macro <input type="checkbox"/> Clinical		
Objectives List three (3) learning objectives for participants. Begin objectives with action verbs, i.e. discuss, explain, define, list, demonstrate, etc. Content is specific and in outline form <i>At the end of this activity the participant will be able to:</i>	Time Frames Provide a time frame for each objective.	Presenter(s) List name of presenter for each content area.	Teaching Strategies/Resources List teaching strategies by each presenter for each objective.	Evaluation Tool Select evaluation method to be used to evaluate this activity.	Evaluation Category Select the most appropriate evaluation for this activity.
Objective 1: Content:				<input type="checkbox"/> Post Test <input type="checkbox"/> Structured Interview <input type="checkbox"/> Attitude Scale <input type="checkbox"/> Direct Observation of Skill Performance <input type="checkbox"/> Other	<input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge <input type="checkbox"/> Skill and Attitude Change <input type="checkbox"/> Change in Practice <input type="checkbox"/> Other
Objective 2: Content:				<input type="checkbox"/> Post Test <input type="checkbox"/> Structured Interview <input type="checkbox"/> Attitude Scale <input type="checkbox"/> Direct Observation of Skill Performance <input type="checkbox"/> Other	<input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge <input type="checkbox"/> Skill and Attitude Change <input type="checkbox"/> Change in Practice <input type="checkbox"/> Other
Objective 3: Content:				<input type="checkbox"/> Post Test <input type="checkbox"/> Structured Interview <input type="checkbox"/> Attitude Scale <input type="checkbox"/> Direct Observation of Skill Performance <input type="checkbox"/> Other	<input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge <input type="checkbox"/> Skill and Attitude Change <input type="checkbox"/> Change in Practice <input type="checkbox"/> Other

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Continuing Education Credit

Please indicate the total number of credit hours being requested in each category (exclude coffee breaks, meals, announcements, welcoming speeches, etc; one credit hour equals 60 minutes): _____ Clinical _____ Ethics _____ General _____

_____ Cultural Competence/Diversity _____ Supervision _____

Records

Please ensure that CE Certificates contain this statement (Including Sponsoring Organization Provider Number and Expiration Date).

“This organization (provider name and approval number) is approved as a provider for continuing education by the Mississippi Board of Examiners and Marriage & Family Therapists; Approval Period: _____ (dates). Social workers will receive _____ continuing education clock hours in participating in this course. (Clinical ____/Supervision ____/Cultural Competency ____/Ethics ____/General ____)”

Please list the person responsible for certificates, their phone number and address: _____

Person responsible for evaluations:

Name/ Title: _____

Address: _____

Phone: _____ E-mail: _____

Person responsible for record keeping:

Name: _____

Address: _____

Phone: _____ E-mail: _____

*** ATTENDANCE RECORDS MUST BE KEPT FOR 3 YEARS.**

*** PLEASE PROVIDE A BLANK COPY OF THE EVALUATION TOOL TO BE USED.**

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Social Worker Involvement

A credentialed or licensed social worker must be a consultant or member of the planning committee for this program, please provide the following information:

Name: _____

Phone: _____ E-mail: _____

List all social work credentials, licenses or certificates of this social worker:

What is the social worker's involvement in the program? (planning, presenting, reviewing, etc.)

Signature of social worker: _____ **Date:** _____

Signature of applicant: _____ **Date:** _____

For questions regarding CE Approval Standards, please review the SW Discipline Specific Guide available on the board website.

GUIDE FOR ASSESSMENT OF CONTINUING EDUCATION

Program Content:

(Clearly Acceptable)

_____ 6) Mainstream social work knowledge, skills and values

_____ 6) Specialized social work knowledge, skills and values

_____ 4) Information from related fields that is useful for social work practices

_____ 2) Developing areas that may lack strong research, support or clear application

_____ 0) Content that is specifically not acceptable or not related to social work practice

(Clearly Not Acceptable)

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Program Presenter:

(Clearly Acceptable)

- _____ 5) Social worker with appropriate expertise in content area
_____ 4) Related profession with ability to connect content to social work practice
_____ 2) Lay-person (eg client) on the impact of needing/ receiving services
_____ 0) Presenter with no apparent professional qualifications nor link to social work practice

(Clearly Not Acceptable)

Program Audience:

(Clearly Acceptable)

- _____ 4) Social work practitioners/ students
_____ 4) Interdisciplinary professional audience that may include social workers
_____ 3) Audience presumed to be primarily from another profession (e.g. nursing)
_____ 1) Audience open to the general public
_____ 0) Audience presumed to be primarily the general public

(Clearly Not Acceptable)

TOTAL SCORE _____ (ADD SCORE FROM EACH SECTION TO GET TOTAL SCORE)

***An event must receive a total score (combination of all three sections) of 10
to be clearly acceptable for continuing education credit.***

Application Fee: ☐ Less than 8 CE hours.....\$50.00 ☐ Greater than 8 CE hours.... 100.00 ☐ Online Program\$50.00

Payment Method: Money Order: _____ Cashier's Check: _____ Paid: _____

MBOESWMFT SW CE COMMITTEE APPROVAL: _____ Clinical _____ Ethics _____ General _____ Cultural Competence/Diversity _____ Supervision

CE Committee Reviewer: _____ Date: _____

Denied (Reasoning): _____